

Jihui Zhang

Full Name of Party Submitting This Document

102 Rowe Road

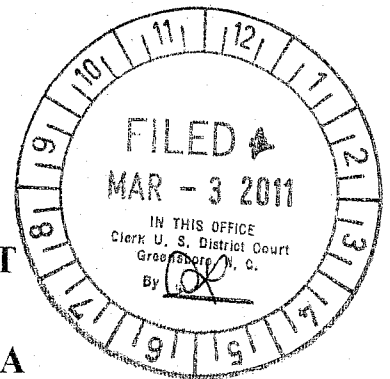
Mailing Address (Street or Post Office Box)

Chapel Hill, North Carolina 27516

City, State and Zip Code

991 942 1880 (Home), 919 260 3715 (Mobile)

Telephone Number



IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF NORTH CAROLINA

Jihui Zhang

Plaintiff(s),

V.

Federation of State Medical Boards, et al.

Defendant(s).

Civil Action No. 1:11CV129

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL  
(Complaint and Summons)

STATE OF NORTH CAROLINA )  
COUNTY OF ORANGE ) SS  
(County where Affidavit Signed)

I, Jihui Zhang, Plaintiff, truthfully state:

1. Copies of the Summons and Complaint were deposited in the United States Post Office on February 22, 2011 for mailing Certified Mail, Return Receipt Requested and addressed to Federation of State Medical Boards (Defendant) at 400 Fuller Wiser Road, Suite 300, Euless, TX 76039.
2. Said copies were received by Defendant Federation of State Medical Boards on February 28, 2011, as evidenced by the attached return receipt from the United States Post Office.
3. The genuine Certified Mail Receipt and Return Receipt are attached.

Jihui Zhang

Typed or Printed Name of Affiant

Jihui Zhang  
Affiant's Signature

03/03/2011  
Date

AFFIDAVIT OF SERVICE OF SUMMONS AND COMPLAINT

Attachment 1

7010 2780 0002 3881 8223

U.S. Postal Service		
<b>CERTIFIED MAIL RECEIPT</b>		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
EULESS, TX 76039		
<b>OFFICIAL USE</b>		
Postage	\$ 1.39	0580
Certified Fee	\$2.80	06
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.49	02/22/2011
Sent To <i>Federation of State Medical Boards</i>		
Street, Apt. No., or PO Box No. <i>400 Fuller Wiser Rd, Suite 300</i>		
City, State, ZIP+4 <i>Eulless, TX 76039</i>		
PS Form 3811, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Donna B. Stimson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>DONNA B STIMSON</i> Date of Delivery <i>2/21/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Federation of State Medical Boards</i> <i>400 Fuller Wiser Rd</i> <i>Suite 300</i> <i>Eulless, TX 76039</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from back of mailpiece)</p>	<p>PS</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C